



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 8633

<b>SERIAL NUMBER</b> 10/795,970	<b>FILING or 371(c) DATE</b> 03/08/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 601-1-148N		
<b>APPLICANTS</b> Michael Conte, Milltown, NJ; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/452,981 03/07/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/26/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/PHILLIP A GRAY/</u> Examiner's Signature		<input checked="" type="checkbox"/> Met after Allowance PG Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> KLAUBER & JACKSON 411 HACKENSACK AVENUE HACKENSACK, NJ 07601						
<b>TITLE</b> Safety syringe with cap holding device						
<b>FILING FEE RECEIVED</b> 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			